

1) PLACE OF BIRTH
 City of Spartanburg
 County of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Registrar Only
19093

Registration District No. 40-a Registered No. 274
 (For use of Local Registrar)
 (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child

3) SEX OF CHILD Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 12, 23
 (Name of Month) (Day) (Year)
 To be answered only in event of Twin or Triplet

FATHER.
 FULL NAME Lewis Blackwell
 PRESENT POSTOFFICE OF FATHER City
 COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 36
 (Year)
 BIRTHPLACE S.C.
 OCCUPATION Butcher
 Number of children born to mother, including present birth 8

MOTHER.
 (14) NAME BEFORE MARRIAGE Dorrie Swan
 (15) PRESENT POSTOFFICE OF MOTHER City
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 40
 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

4) I hereby certify that I attended the birth of this child, who was Alive at 12 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)
 (22) (Signature) J. H. Chapman M.D.
 (23) State whether Physician or Midwife (24) Address of Physic. or Midwife

5) Give name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Filed 7-1-1923 (27) Joe Copes Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.
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